10 062340

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

3919P012

| CLAIMS AS FILED - PART (Column 1)                       |                                                |                                                                                                                                                                                                                                                                                                                     |                   |              |                                 | (Column 2)       |          | SMALL ENTITY TYPE   |                        | OR | OTHER THAN<br>OR SMALL ENTITY           |                        |  |
|---------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|---------------------------------|------------------|----------|---------------------|------------------------|----|-----------------------------------------|------------------------|--|
| TOTAL CLAIMS                                            |                                                |                                                                                                                                                                                                                                                                                                                     | 47                |              |                                 |                  |          | RATE                | FEE                    |    | RATE                                    | FEE                    |  |
| FOR                                                     |                                                |                                                                                                                                                                                                                                                                                                                     | NUMBER F          | NUMBER FILED |                                 | ER EXTRA         |          | BASIC FEE           | 370.00                 | OR | BASIC FEE                               | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS 47                              |                                                |                                                                                                                                                                                                                                                                                                                     | 47 min            | us 20=       | •                               | 27               |          | X\$ 9=              |                        | OR | X\$18=                                  | 486,00                 |  |
| INDEPENDENT CLAIMS 5 minus 3                            |                                                |                                                                                                                                                                                                                                                                                                                     |                   | nus 3 =      | *                               | 2                |          | X42=                |                        | OR | X84=                                    | 168,00                 |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                        |                                                |                                                                                                                                                                                                                                                                                                                     |                   |              |                                 |                  |          | +140=               |                        | OR | +280=                                   | 0                      |  |
| * If the difference in column 1 is less than zero, ente |                                                |                                                                                                                                                                                                                                                                                                                     |                   |              |                                 | olumn 2          |          | TOTAL               |                        | OR | TOTAL                                   | 1394.00                |  |
| CLAIMS AS AMENDED - PART I                              |                                                |                                                                                                                                                                                                                                                                                                                     |                   |              |                                 | (Column 3)       | <u>L</u> | SMALL               | ENTITY                 | OR | OTHER<br>SMALL                          |                        |  |
| AMENDMENTA                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                           |                   | NUM<br>PREVI | KEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|                                                         | Total                                          | • 47                                                                                                                                                                                                                                                                                                                | Minus             | ** 4         | 17                              | =                | Y        | X\$ 9=              |                        | OR | X\$18=                                  |                        |  |
|                                                         | Independent                                    | • 5                                                                                                                                                                                                                                                                                                                 | Minus             | ***          | 5                               | - /              | 4        | X42=                |                        | OR | X84=                                    |                        |  |
|                                                         | FIRST PRESE                                    | NTATION OF MI                                                                                                                                                                                                                                                                                                       | ULTIPLE DEF       | ENDEN        | CLAIM                           |                  | J        | +140=               |                        | OR | +280=                                   |                        |  |
|                                                         |                                                |                                                                                                                                                                                                                                                                                                                     |                   |              |                                 |                  |          | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT, FEE                     |                        |  |
| (Column 1) (Column 2) (Column 3)                        |                                                |                                                                                                                                                                                                                                                                                                                     |                   |              |                                 |                  |          |                     |                        |    |                                         |                        |  |
| AMENDMENT B                                             |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                           |                   | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|                                                         | Total                                          | •                                                                                                                                                                                                                                                                                                                   | Minus             | **           |                                 | =                | 1        | X\$ 9=              |                        | OR | X\$18=                                  |                        |  |
|                                                         | Independent                                    | *                                                                                                                                                                                                                                                                                                                   | Minus             | ***          | T () A () A                     | -<br> -          | 4        | X42=                |                        | OR | X84=                                    |                        |  |
| Ľ                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |                                                                                                                                                                                                                                                                                                                     |                   |              | CLAIM                           |                  | J        | +140=               |                        | OR | +280=                                   |                        |  |
|                                                         |                                                |                                                                                                                                                                                                                                                                                                                     |                   |              |                                 |                  |          | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE                     |                        |  |
|                                                         |                                                | (Column 1)                                                                                                                                                                                                                                                                                                          |                   | (Colu        |                                 | (Column 3        | )_       | ADOII. 1 LL.        |                        | -  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |
| AMENDMENT C                                             |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                           |                   | NUM<br>PREV  | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|                                                         | Total                                          | *                                                                                                                                                                                                                                                                                                                   | Minus             | **           |                                 | =                |          | X\$ 9=              |                        | ОЯ | X\$18=                                  |                        |  |
|                                                         | Independent                                    | •                                                                                                                                                                                                                                                                                                                   | Minus             | ***          |                                 | <u> -</u>        | 4        | X42=                |                        | OR | X84=                                    |                        |  |
|                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                                                                                                                                                                                                                                                     |                   |              |                                 |                  |          | +140=               |                        | OR | +280=                                   |                        |  |
| •                                                       | If the entry in colu                           | mn 1 is less than t                                                                                                                                                                                                                                                                                                 | the entry in colu | ımn 2, wri   | te "0" in co                    | dumn 3.          | ۰.       | TOTAL               |                        | OR | TOTAL                                   |                        |  |
| ***                                                     | If the "Highest Nu                             | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                   |              |                                 |                  |          |                     |                        |    |                                         |                        |  |